

Attorney Docket No. SCHWP0110US

PATENT (OUS)

**COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title: NEURO-NAVIGATION SYSTEM

the specification of which

- (a) ☒ is attached hereto.
 (b) ☐ was filed on _____ as Serial No. _____ or ☐ Express Mail No. _____, as Serial No. _____ not yet known, and was amended on _____ (if applicable).
 (c) ☐ was described and claimed in PCT International Application No. _____ filed on _____ and amended under PCT Article 19 on _____ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

- (d) ☐ no such applications have been filed.
 (e) ☒ such applications have been filed as follows.

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35, USC 119
DE	196 39 615.8	26 SEP 1996	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Armand P. Boisselle, Reg. No. 22,381; Warren A. Sklar, Reg. No. 26,373; Don W. Bulson, Reg. No. 28,192

The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instructions from

Name(s) of authorized representative(s) Schwabe Sandmair Marx
Address Stuntzstrasse 16, D-81677 München, GERMANY

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorney(s) will be so notified by the undersigned.

Send Correspondence To

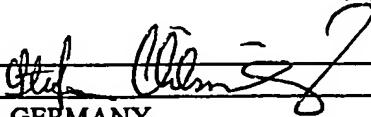
Don W. Bulson, Esq.
Renner, Otto, Boisselle & Sklar
1621 Euclid Ave., 19th Floor
Cleveland, Ohio 44115

Direct Telephone Calls To:
(name and telephone number)

Don W. Bulson

(216) 621-1113

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein.

Full name of sole or first inventor Stefan Vilsmeier
Inventor's signature 
Date June 30, 1997 Country of Citizenship GERMANY
Residence Mitterfeldring 80, 85586 Poing, GERMANY
Post Office Address Mitterfeldring 80, 85586 Poing, GERMANY

Full name of second joint inventor, if any _____
Inventor's signature _____
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____

CHECK FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION

- ☐ Signature for third and subsequent joint inventors. Number of pages added _____.
- ☐ Added page to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.
- ☒ This declaration ends with this page.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant or Patentee: Stefan Vilsmeier Attorney's Docket No. SCHWP0110US
Serial or Patent No. _____
Filed or Issued: _____
For: NEURO-NAVIGATION SYSTEM

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN BrainLAB Med. Computersysteme GmbH
ADDRESS OF CONCERN Ammerthalstr. 8, 85551 Heimstetten, GERMANY

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under §41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, the number of employees of the business concern is the average over the previous fiscal year of the concern of the person employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year; and concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the above entitled invention described in

- ☒ the specification filed herewith
☐ application serial no. _____, filed _____
☐ patent no. _____, issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed in the ☐ Appendix hereto, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Stefan Vilsmeier
ADDRESS OF PERSON SIGNING Mitterfeldring 80, 85586 Poing, Germany
SIGNATURE [Signature] DATE June 30, 1997